## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE 10/5633**78** FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER **AFTER** AS FILED AFTER AS FILED I AMENDMENT 2 MAMENDMENT AFTER I AMENDMENT 2 "AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>56</u> 57 <u>58</u> t <u>79</u> <u>37</u>

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